



FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision.</i>		<i>Complete if known</i>																															
		Application Number	10731,739																														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 10, 2003																														
		First Named Inventor	John P. CARULLI et al.																														
TOTAL AMOUNT OF PAYMENT (\$120.00)		Examiner Name	Celine X. Qian, Ph.D.																														
		Art Unit	1636																														
METHOD OF PAYMENT (check all that apply)		Attorney Docket No.	47038.0217/00US																														
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number <u>50-0573</u> Deposit Account Name <u>Drinker Biddle & Reath LLP</u> The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued)																															
		ADDITIONAL FEES																															
FEE CALCULATION EXTRA CLAIMS FEES FOR UTILITY AND REISSUE Total Claims * -20** = 0 X * = \$0 Independent Claims * - 3** = 0 X * = \$0 Multiple Independent + 360/180 = \$0 <table border="1"><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>360</td><td>2203</td><td>180</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>**Reissue independent claims over original patent</td></tr><tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>**Reissue claims in excess of 20 and over original patent</td></tr></tbody></table> **or number previously paid, if greater; For Reissue, see above		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	360	2203	180	Multiple dependent claim, if not paid	1204	200	2204	100	**Reissue independent claims over original patent	1205	50	2205	25	**Reissue claims in excess of 20 and over original patent	Fee Description	
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SUBMITTED BY CUSTOMER NO. 55694		Fee Paid																															
		120.00																															
Name (Print/Type) Mercedes K. Meyer, Ph.D., Esq.		Other fee (specify)																															
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		Date November 16, 2006																															